

The importance of Competency Assessment in Practice: A Literature Review

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ABSTRACT: Competency evaluation is critical for maintaining competency, quality, and safety in a variety of fields of practice, including healthcare, education, and beyond. This literature review investigates the importance of competency assessment in practical settings, providing light on its many ramifications. This study examines the underlying theories, procedures, and outcomes related with competency assessment practices, drawing on a wide range of research literature. It investigates how competency assessment serves as the foundation for evaluating individuals' skills, knowledge, and abilities, facilitating professional development, improving organisational performance, and encouraging accountability. Furthermore, this analysis explains the changing landscape of competency evaluation frameworks, emphasising the importance of contextually relevant and culturally sensitive methodologies. It also emphasises the problems and ethical considerations inherent in competency evaluation, such as guaranteeing fairness, minimising bias, and striking a balance between standardisation and individualization. By synthesising current evidence, this study emphasises the importance of strong competency assessment methods in building competence, resilience, and innovation in a variety of professional contexts.

Keywords: Competency, assessment, evaluation

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“Documenting competence is becoming essential—not optional—and is likely to become mandatory in the near future for initial and continuing licensure and certification, and perhaps even for employment.” (Lenburg, 1999 p. 1)

When discussing Registered Nurses, it will always be imperative to assess their professional growth, skills and confidence to make sure that they practice safely (Ardern et al., 2019; Bergren & Maughan, 2020; Clasen et al., 2003; Cross et al., 2006; Nestler, 2019; Pol-Castañeda et al., 2020; Robbins et al., 2001; Sharghi et al., 2015; Stobinski, 2008; Tabari-Khomeiran et al., 2007; Tosin et al., 2017; Wilkinson, 2013; Zahn Erthal & Costa Teixeira, 2020). This is a matter of great discussion that is being given a lot of importance lately, in various countries across the world, such as the USA, UK, Australia and several other countries (Carr, 2004) in relation to doctors, nurses and various other healthcare professionals. In Malta this is no different. In Malta, since January 2021, the Specialist Accreditation Committee for Nurses and Midwives of Malta has been officially set up and has been working for the past year to start standardising qualifications related to Specialist Nurses in Malta. This means that the issue of competencies is now becoming more important in Malta as well, where this project is taking place on a national basis under the authority of the Department of Health of Malta. It is also becoming

common practice in Malta for healthcare employers to assess newly employed persons on the basis of competency as a way of assessing their knowledge, skills and attitudes and their preparedness for work.

Arcand & Neumann (2005) and various other authors state that nursing managers and nursing employers, nurse regulators, associations, educational institutions, unions, accreditation organisations, governments and the public expect quality to be ascertained within nursing practice (Arcand & Neumann, 2005; Ardern et al., 2019; Christianson, 2020; Desmarais et al., 2020; Ossenberget al., 2016; Purvis et al., 2015; Robbins et al., 2001; Stobinski, 2008; van Wyk et al., 2003). Camelo & Angerami (2013) state that professional competence offers specialised care that facilitates the development of strategies and instruments to improve healthcare. Takase & Teraoka (2011) talk about the demand by the public expecting high quality and competent nursing care. Kim & Sim (2020) state that economic growth and interest in global health have increased the demand for quality improvement in health care, especially since regulation of doctors, nurses and other healthcare professionals started. These started demanding a certain conformity in healthcare (and nursing) practice and therefore regulators started using competencies as a means of making demands, skills, knowledge and competencies uniform throughout the

various professions. Sastre-Fullana et al. (2017) also mention that the development and establishment of advanced practice nurses has added another reason to introduce competencies as a means of standardising registration and competency assessment methods.

Contrastingly to this, Stobinski (2008) explicitly states that health professional boards rarely attempt to assess competency after the initial licensure of nurses. Whittaker et al. (1999) reinforce this by asserting that, upon registration, we presume nurses to be competent, unless they demonstrate otherwise. Another important point that Stobinski (2008) mentions is that once nurses start working in a new area or subspecialty, their level of clinical competency regresses to a lower level. As a result, it is critical that training is ongoing and that competency is not based solely on prelicensure education (Ääri et al., 2008; Stobinski, 2008; Whittaker et al., 1999).

Campbell et al. (2020), Satu et al. (2013) and Zubairi et al. (n.d.), outline another aspect of competencies. They state that competencies can increase communication between professionals. They even help to make patient care more patient-centred and to guide clinical practices bringing them in line with protocols, policies and research. In nursing education competencies help students understand what they learn and achieve their desired outcomes by providing assessments that are “clear, valid and defensible” (p. 97).

Yamamoto et al. (2021) discuss another very important and interesting issue. They state that declining birth rates and an ageing population, as well as an advancement in medical technology as well as the increasing awareness of human rights have increased interest in developing and using competencies to ensure safe nursing standards and practices and even to maintain educational standards for nurses from pre-registration education to post-registration continuing education. Sasaki et al. (2019) confirm this besides continuing to agree that continuous nursing professional development is a crucial requirement to maintain nursing standards. This reality is not only present in Japan but in various countries across the world, including in Malta. Similar to what is stated by Yamamoto et al. (2021) in Japan, in Malta and Europe the population is ageing, even as a consequence of the advancement of medicine and as concurrently, the life expectancy of the population is rising.

International bodies, such as the World Health Organisation (World Health Organisation, 2001; World Health Organisation, 2015), the International Council of Nurses (2012) and the Institute of Medicine (2003) confirm this, stating that it is paramount for registered nurses to provide high quality care, as this will affect the overall care given within healthcare institutions. Arrigoni et al. (2017) talk about the European Parliament and Council (European Parliament and Council, 2005) that, in their Directive 36 of 2005, establish the minimum requirements for theoretical and clinical nursing education, and they continue by mentioning the Bologna

Process (European Higher Education Area, 1999) which started proposing ways of designing, developing, implementing and even evaluating study programmes. As a matter of fact, Nagelsmith (1995) views competence as “an outcome criterion for effective education, coping and development” (p. 245). However, Arrigoni et al. (2017) state that on reviewing a large amount of literature, they found out that although several different tools were used for evaluation, they found no correlation between the different evaluation methods used and insisted that “the use of a single, generally accepted and well-known evaluation tool was indispensable” (p. 181). This is also confirmed by Satu et al., (2013). Watson et al. (2002), who discuss clinical competence assessment in nursing education, state that theoretical assessment when assessing nursing students should be accompanied by an assessment of practice, but again they insist that this is not done universally, and that clinical assessment is completely omitted in some nursing educational programmes.

Literature demonstrates that a considerable amount of studies have been carried out, researching competencies in relation to specialized and specific nursing areas. These include (but are not limited to):

- Geriatric care (American Physical Therapy Association, 2020; Bahrami et al., 2019; Geriatrics Society, 2021; Iheneche, 2010; Kubiciel-Lodzińska & Solga, 2020; Kubiciel-Lodzińska & Maj, 2021; Mauk, 2010; Oeseburg et al., 2015; Voutilainen et al., 2004).
- Nursing documentation (Johnson et al., 2010; Mykkänen et al., 2012; Voutilainen et al., 2004).
- The primary healthcare setting (Andersson et al., 2017; International Council of Nurses, 2012; Törnvall et al., 2004; WHO Regional Office for Europe, 2020; World Health Organisation, 2015).
- Community nursing (Kuo et al., 2021).
- Palliative care (Meirelles Sousa et al., 2015).
- Childcare and investing in childcare as an investment in future adults and hence in future populations (Bektas et al., 2020; Gibson, Fletcher, & Casey, 2003; Hennerby & Joyce, 2011).
- Surgical nursing (Bhowmik, 2015; Leal et al., 2020; Nestler, 2019; Sobaski & Abraham, 2018).
- Accident and Emergency nursing care (Abelsson et al., 2018; Nilsson et al., 2020; Shayne et al., 2006; Thobaity et al., 2017).
- Nursing of people with intellectual disabilities (While & Clark, 2014).
- Mental health nursing (Clasen et al., 2003; Feng et al., 2018; Gigantesco & Giuliani, 2011).
- Cultural competence and how it is often left out within formal nursing education (Pacquiao, 2007).
- Data and information technology nursing (Bergren & Maughan, 2020).
- Anaesthesia nursing (Jeon, Meretoja, et al., 2020a, 2020b; Jeon, Ritmala-Castrén, et al., 2020).

A large number of authors talked about the application of competencies for use within nursing education, to develop nursing courses, assess student nurses' skills and ensure

appropriate standards are achieved in Registered Nurses before registration (Arrigoni et al., 2017; Butler et al., 2011; Christianson, 2020; Gabrani, 2021; Gardulf et al., 2016; Gibson, Fletcher, & Rscn, 2003; Institute of Medicine, 2003; Jeon, Ritmala-Castrén, et al., 2020; Kajander Unkuri et al., 2014; Kapucu & Koliba, 2017; Kelvin, n.d.; Ko et al., 2013; C. B.; Lenburg et al., 2009; Levett-Jones et al., 2011; Löfmark & Mårtensson, 2017; Nagelsmith, 1995; Nursing and Midwifery Council (UK), 2010; Oesburg et al., 2015; Oeseburg et al., 2015; Pacquiao, 2007; Park et al., 2013; Redfern et al., 2002; Salem et al., 2018; Satu et al., 2013; Wu et al., 2016; Yanhua & Watson, 2011). Bahrami et al. (2019) and Purfarzad et al. (2019) state that it is crucial for nurses (and other healthcare professionals) in these specialised areas to be assessed on specific competencies that are related to particular – rather than general – areas of nursing practice. Nilsson et al. (2020), Bahrami et al. (2019), World Health Organisation (2015) and the International Council of Nurses (2012) underscore the frequent neglect and omission of competency assessment in these areas. As a final thought, Manley & Garbett (2000) state that apart from being useful for professional reasons, assessing competence and competency is crucial for political and economic reasons, as well as for job evaluation purposes. In fact, they mention equity, fairness, breakdown of professional boundaries, and identification of essential work components, career progression and access to different professions through the use of competencies in job recruitment.

The aim of using competencies, therefore is very broad as can be seen from the literature. They can start to be used before qualification to assess student nurses' knowledge, skills and attitudes, and then they can continue to be used within nursing practice to assess, maintain and improve nurses' standards of care within general areas of nursing, as well as in specialised areas. Another important point was that competence changes with a change in work area or speciality and that it is often underestimated, or inadequate assessment tools are used to assess it. Although assessment, using competencies, is still being considered in some places, areas and countries, where it is not presently regularly used there is a consensus that by assessing competencies nursing standards can be monitored and improved in the interest of raising patient care standards and improving their quality of life.

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